



Property Improvement Division  
Code Enforcement  
815 Washington Street  
Reading, PA 19601-3690  
(610) 655-6214

## APPLICATION City Of Reading

### HEALTH PERMIT

#### GENERAL INFORMATION

Location of Business \_\_\_\_\_  
Name of Business \_\_\_\_\_  
Business Telephone \_\_\_\_\_  
Name of Business owner \_\_\_\_\_  
Address of Business Owner \_\_\_\_\_

TYPE OF BUSINESS \_\_\_\_\_

#### TYPE OF MERCHANDISE SOLD

(Check all that apply)

Supplier

_____ Hot food	_____
_____ Hot drink	_____
_____ Cold food	_____
_____ Cold drink	_____
_____ Packaged food	_____
_____ Frozen products	_____
_____ General Merchandise	_____
_____ Alcohol	_____

#### FOOD SERVICE INFORMATION

\_\_\_\_\_ Restaurant \_\_\_\_\_ Grocery \_\_\_\_\_ Deli \_\_\_\_\_ Other  
\_\_\_\_\_ Number inside seating \_\_\_\_\_ Number outside seating

Name of Trash Hauler \_\_\_\_\_

Type of Trash Container \_\_\_\_\_

Other Permits Needed \_\_\_\_\_ Zoning (Rm 3-03) \_\_\_\_\_ Business Privilege (Rm 1-33)

Inspections Needed \_\_\_\_\_ Building \_\_\_\_\_ Plumbing \_\_\_\_\_ Electrical \_\_\_\_\_ Mechanical  
\_\_\_\_\_ Fire